

NEMSIS at the National Level

September 13th,2007







July, 2003

- "There is no nationwide standard for measuring emergency response times. A USA TODAY study of the 50 biggest U.S. cities found that most cities report only the slice of the response that looks most favorable: the time it takes for the emergency crew to drive to the scene."
- As USA TODAY's report notes, communities that boosted their survival rates focused on simple reforms.
 Among them:

Better measurement. Houston raised its success rate for saving cardiac arrest victims from near zero to 21% by measuring response times and hiring a physician to oversee a redeployment of resources.



NEMSIS Topics

State & Territory Progress Report.

Technical Assistance to States.

National Reporting Plan (samples).

Revision to NHTSA 3.0.

State & Territory Progress Report









Contributions to the National EMS Database

- New Hampshire: 56,892
- Minnesota: 104,715
- North Carolina: 762,156
- Nevada: 1,934
- Utah beginning in September
- Nebraska beginning in September
- Wisconsin beginning in January

Currently Contains 925,697 Records!



Other Short List States

- Idaho: submit late September
- New Jersey: submit November
- Tennessee: submit in the fall
- North Dakota: asking vendor to submit
- Delaware: ready to submit late summer
- Maine: waiting for law to apply

Other ImageTrend states: GA, NE, NM, WA, WI, MO

Other MedMedia states: HI, ID, IA, ND, MH



NEMSIS TAC assistance

- Direct Technical Assistance
 - Conducted site visits in 17 states
 - 48 states received direct assistance
 - Participation in state meetings
 - Creation of state-specific tools (i.e., Validator and Mapper software tools)
 - Collaboration with NEDARC



NEMSIS TAC assistance

- Indirect Technical Assistance
 - NEMSIS website accessed over 3,000 times per month
 - Software Contact List
 - Wolfberg Letter (HIPAA)
 - National Reports
 - List Server Messages / Google User Group
 - Software Compliance Testing
 - Gold Certification (15 vendors)
 - Silver Certification (21 vendors)



Website activity in Utah

Top Downloads (August, 2007)

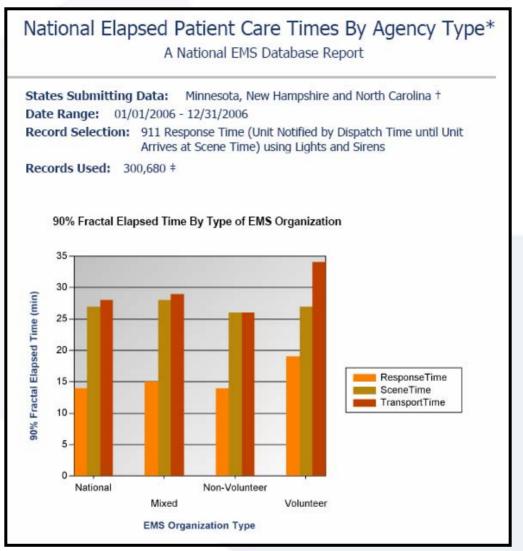
- EMS Data Validator Quick Reference V4 (doc) 471
- NEMSIS Data Dictionary v.2.2.1 (pdf) 288
- NEMSIS Data Dictionary v.2.2.1 (doc) 220
- NEMSIS Data Elements and Values v.2.2.1 (xls) 180
- NEMSIS Data Elements Definitions v.2.2.1 (xls) 164
- EMS Law Tracker 000 (doc) 153
- Final NHTSA V2.2.1 Compliance Policy 4-28-2006 (pdf) 149
- NEMSIS Compliance Task List 001 (pdf) 118
- NEMSIS Data Elements Definitions NE v.2.2.1 (xls) 116
- NEMSIS XSDs v2.2.1 (zip) 100



National Reporting Plan

- Develop "real time" state and national reports
 - Report Domain
 - Data Quality reports
 - Demographic reports
 - Elapsed Time reports
 - Medical and Trauma reports
 - Disposition reports
 - Agency reports
 - Cardiac Arrest reports
 - Financial Aspects reports
 - Delay reports
 - Ad-hoc reports
- Develop a "real-time" searchable data query system for emphasis areas
 - Cardiac Arrest
 - Trauma
- Develop "real-time" data cubes to facilitate multi-dimensional data models with a rapid execution time.







The following table provides added statistical descriptions of the information used to create the chart labeled: National Elapsed EMS Patient Care Times By Agency Type.

EMS Organization	Total Records	Patient Care Times	Average	Median	90% Fractal
National					
	300680	ResponseTime	00:09:59	00:07:00	00:14:00
	261390	SceneTime	00:17:10	00:15:00	00:27:00
	234776	TransportTime	00:15:11	00:12:00	00:28:00
Mixed					
	38121	ResponseTime	00:08:33	00:06:00	00:15:00
	36452	SceneTime	00:17:56	00:16:00	00:28:00
	31036	TransportTime	00:15:20	00:12:00	00:29:00
Non-Volunteer					
	236464	ResponseTime	00:10:03	00:07:00	00:14:00
	199611	SceneTime	00:17:12	00:15:00	00:26:00
	181178	TransportTime	00:14:39	00:12:00	00:26:00
Volunteer					
	26095	ResponseTime	00:11:30	00:09:00	00:19:00
	25327	SceneTime	00:15:55	00:13:00	00:27:00
	22562	TransportTime	00:19:14	00:16:00	00:34:00

Footnotes:

National Elapsed Patient Care Times report specifications

† States vary in the inclusion criteria used to populate EMS Data Sets. Please see the NEMSIS website for a description of differences in state EMS database composition.

http://www.nemsis.org/nemsisReporting/nationalEMSDatabaseDescription.html

‡ For the purposes of charting, all elapsed patient care times that were negative, zero, or greater than 24 hours were removed. Overall, the following records were excluded from the analysis:

6% of the Response Time records,

20% of the Scene Time records and

28% of the Transport Time records

^{*} Refer to the linked document for detailed specifications associated with this chart:



National Elapsed Patient Care Times by Agency Type

National EMS Database Report Specification

Purpose

This report details national information regarding the EMS elapsed time to patient care for several common response intervals by type of EMS organization.

Definitions

Type of EMS Organization: Common EMS organizational types are divided into 3
groups based on reimbursement for EMS treatment rendered. The terms used are
general in nature and are for National EMS Database Reports only. Terms do not
reflect state or agency terminology. For more descriptive definitions, contact individual
participating states or EMS agencies. The groups are divided as follows:

Volunteer: A volunteer agency employs properly trained individuals and operates an emergency response vehicle to or from the scene of an emergency and/or renders emergency medical treatment on a volunteer basis.

Non-Volunteer: A non-volunteer agency employs properly trained individuals and operates an emergency response vehicle to or from the scene of an emergency and/or renders emergency medical treatment and seeks reimbursement for services offered.

Mixed: A mixed agency includes a core of compensated employees who are supported by true volunteer personnel.

- Average Value: The average is the sum (total amount) of all of the numbers divided by the number of items for a specific measurement.
- Median Value: The number in the middle of the distribution of numbers. It is the point such that half of the numbers fall below and half above.
- 90% Fractal Value: The value or measurement at which 90% of all events occur.
 This is typically used in time measurements to better standardize performance across systems.
- 5. Lights and Sirens: A lights and sirens, emergent response to or from an EMS event.
- No Lights and Sirens: A normal traffic speed response (no lights and sirens) to or from an EMS event.



Required Data Elements

- E02_04: Type of Service Requested
- * E02 20: Response Mode to Scene
- * E05_04: Unit Notified by Dispatch Date/Time
- ★ E05 06: Unit Arrived on Scene Date/Time
- * E05 09: Unit Left Scene Date/Time
- * E05_10: Patient Arrived at Destination Date/Time
- The Unit Notified Date (E05_04) is used to select the records for the Date Range
- Select only records with E02_04 = 911 Response (Scene)
- Select only records with E02_20 = Lights and Sirens

Formulas

```
Response Time = E05_06 - E05_04
Scene Time = E05_09 - E05_06
Transport Time = E05_10 - E05_09
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Exclusions/Limitations

For the purposes of charting, all elapsed patient care times that were negative, zero, or greater than 24 hours were removed.



EMS INCLUSION CRITERIA FOR STATES	North Carolina	New Hampshire	Minnesota	Nevada
(x = data are available in state EMS registry)		·		
Any 911 Call				
with an EMS dispatch		X	X	X
without an EMS dispatch				X
Any 911 EMS Dispatch				
with patient contact	X	X	X	X
without patient contact			X	X
Any EMS Response				
with patient contact	X	Х	X	X
without patient contact			X	X
Any EMS Patient Contact				
with evaluation/care	X	X	X	X
without evaluation/care	X	X	X	X
with transport	X	X	X	X
without transport	X	X	X	X
Any ALS Care				
with transport	Х	X	X	X
with transport	X	X	X	X
any EMS transport	X	X	X	X
Any Medical Transports		^		^
•	X		V	V
consider non-emergent	X		X	X
scheduled transports	Α		Α	Λ.
Any Ground-Based Inter-Facility Transports				
ground transports	X	X	X	X
Air (rotorwing) transports	X	X	X	X
any long-distance air medical transports (fixed wing)	X		X	X
What other EMS- Related Events are included in the				
State Data System?				
no other events				
first responder reports	X	X		
rescue events	X	X		
standby requests	X	X	X	Х
mutual aid	X	X	X	X
How often is EMS Record Data Provided to the State?				
now often is gives Record Data Provided to the State?	Deile	D-:l··	Daile	Deile
	Daily	Daily	Daily	Daily
Is the Data Provided to the State ever Changed Later?				
	Yes	Yes	Yes	Yes
In your Opinion, What Percent of the EMS Agencies in				
the State are Providing Data?				
the state are Froviding Data?	100%	81%	100%	80%
	100%	0170	100%	00%
In your Opinion are the EMS Agencies which Provide Data to the State Providing 100% of their EMS Events?				
	Yes	Yes	Yes	Yes
If No, in your Opinion, what Percentage of all EMS Events meeting State Criteria are Actually Submitted to the State?				
to the State?				



Report Delivery

- Access to real-time data using web-based reports
- Ability to export reports to several formats including: XML, CSV, TIFF, Acrobat PDF and Excel.
- Ability to create windows security groups and subscriptions.
- Access to the <u>Report Manager</u>, a website that organizes reports into folders and provides an easy way to navigate the reports.



More National Report Samples

Reports

- Elapsed Patient Care Times
 - By EMS OrganizationType
 - By Urbanicity of EMS
 Service Area
 - By EMS Level of Service

Characteristics

States represented:

- Minnesota
- New Hampshire
- North Dakota

Times represented:

- EMS Response Time
- EMS Scene Time
- EMS Transport Time



EMS Reports for 2006

Reports

- Incident Location Type
 - Top 5 categories
 - Other categories

- Complaint Reported
 By Dispatch
 - Top 10 categories
 - Other categories

Characteristics

States represented:

- Minnesota
- New Hampshire
- North Dakota



Challenges

- Completeness of state data
- Identifying a core set of reports
- Precision of FIPS codes

Be compliant with our latest version (NTHSA 2.2.1)



Revision to NHTSA 3.0

- The revision process will begin Spring 2008
 - Lead by Greg Mears
 - Fix existing errors in the 2.2.1 dataset
 - Consider the additional of modules (e.g., workforce)
 - Facilitate national research (e.g., CDC triage scheme)
 - Process will be more electronic
 - Wiki, teleconferences, involve vendors
 - Product available in 2010

